PTO/SB/22 (01-08)

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respond to a collection of information unless it displays a valid OMB control number PETITION FOR EXTENSION OF TIME LINDER 37 CFR 1.136(a). Docket Number (Optional) FY 2008 Intel 2207/7562 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 09/461,625 Filed December 14. 1999 TRACKING TRANSACTION STATUS FOR A BUS SYSTEM PROVIDING LEGACY BUS COMPATIBILITY Art Unit 2616 Examiner Frank DUONG This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Fee **Small Entity Fee** \$60 One month (37 CFR 1,17(a)(1)) \$120 W Two months (37 CFR 1,17(a)(2)) \$460 \$230 \$460.00 Three months (37 CFR 1.17(a)(3)) \$1050 \$525 \$820 Four months (37 CFR 1.17(a)(4)) \$1640 Five months (37 CFR 1.17(a)(5)) \$2230 \$1115 Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number: 11-0600. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the ☐ applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). □ attorney or agent of record. Registration Number: 51,469 attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. ____ /Sumit Bhattacharya/ July 22, 2008 Signature Sumit Bhattacharya (408) 975-7500 Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. Total of 1 forms are submitted. 123961v1

This collection of information is equired by 3T CFR 1.136(s). The information is required to obtain or retain a begretility the public which is to life (and by the INSTO 1) process) an application. Controllentially is governed by 3S LIS. C. 122 and 3T CFR 1.11 and 1.14. This collection is satirmated to list of, minutes to complete. Certificating in generating, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the indevidual case. Any comments not the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer I.U.S. Patient and Trademark Office. I.U.S. Department of Commissor, Dr. Dos 1450. Allexandria, V. 22313-1450. Do NOT SEND PEES OR COMPLETEPORRIST OT HIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call